AETNA LIFE INSURANCE COMPANY

GR-700-WFQ

This policy fo Qualified.	rm is for Comp	rehensive Lo	ng-Term Care.	This is a Grou	ıp type	policy and is	classifie	ed as Tax
Maximum Po	olicy Benefit A	Amounts		Elimination F	Periods			
☐ 1 Yr. ✓ 5 Yrs. ☐ See compar	✓ 2 Yrs.✓ 6 Yrs.ny's notes, pp 11	✓ 3 Yrs. ☐ 7 Yrs. 2-130	✓ 4 Yrs. ☐ Lifetime	☐ 0 days ☐ 20 days ☑ 30 days	✓ 90) days) days)0 days	✓ Cale	PE endar Day vice Day
Nursing Home Daily Benefit Amounts				Inflation Prot	tection			
\$50 minimum to \$350 maximum per [day, week or month] offered in increments of \$1. ✓ per day □ per week □ per month □ See notes, pp 112-130 □ Not Available				✓ 5% Compound □ 5% Simple		✓ Guaranteed Purchase Option✓ See company's notes, pp 112- 130		
	Benefit Amou		oie	Residential (Care Fa	acility Daily B	Benefit	Amounts
Represents the Benefit Amoun	e percentage of the	the Nursing Ho	ome Daily	Represents the Benefit Amount	percent	•		
✓ 100%✓ 70%☐ See compar		✓ 80% ✓ 50% 2-130	✓ 75%	✓ 100% □ 70%	□ 90% □ See	company's not	-	□ 75% 112-130
Waiver of Pr	remium							
Premiums wai	ved upon satisfa	ction of the eli	mination period.	. Payments resume at end of each benefit period.			od.	

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimi	nation Period.	90 Day Elimination Period.			
3 Year Maximum Policy Benefit			3 Year Maximu	m Policy Benefit	Lifetime Benefit			
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		
50	\$351	\$1,159	\$302	\$1,012	Not Available	Not Available		
55	\$513	\$1,450	\$439	\$1,263	Not Available	Not Available		
60	\$799	\$1,936	\$684	\$1,678	Not Available	Not Available		
65	\$1,288	\$2,656	\$1,095	\$2,288	Not Available	Not Available		
70	\$2,027	\$3,460	\$1,714	\$2,957	Not Available	Not Available		
75	\$3,196	\$4,597	\$2,674	\$3,890	Not Available	Not Available		
80	\$5,196	\$6,479	\$4,271	\$5,386	Not Available	Not Available		
Refer	to Section 3 f	or information or	n premium increa	ases, if any, since	e 1990 for this co	ompany.		

CONTINENTAL CASUALTY COMPANY

GLTC-3-P-CA-01-TQ

Qualified.			_				
Maximum F	Policy Benefit	Amounts		Elimination	Periods		
✓ 1 Yr. ✓ 5 Yrs. ✓ See compa	✓ 2 Yrs. ✓ 6 Yrs. Iny's notes, pp 1	✓ 3 Yrs. ✓ 7 Yrs. 12-130	✓ 4 Yrs.✓ Lifetime	☐ 0 days ☐ 20 days ☑ 30 days		TYPE ☐ Calendar Day ✓ Service Day	
Nursing Home Daily Benefit Amounts				Inflation Pro	otection		
\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10. ✓ per day ☐ per week ☐ per month ☐ See notes, pp 112-130 ☐ Not Available				✓ 5% Comp		☐ Guaranteed Purchase Option✓ See company's notes, pp 112- 130	
Home Care	Benefit Amo	unts		Residential	Care Facility D	Daily Benefit Amounts	
Represents the Benefit Amou	ne percentage of nt.	the Nursing H	lome Daily	Represents the Benefit Amoun		ne Nursing Home Daily	
✓ 100%✓ 70%✓ See compa	☐ 90% ☑ 60% any's notes, pp 1	□ 80% ☑ 50% 12-130	✓ 75%	✓ 100% □ 70%	_ 0070	□ 80% □ 75% ny's notes, pp 112-130	
Waiver of P	remium						

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

We will waive premiums starting with the first premium due after the Waiting Period. We will continue to waive

premiums until the first of the month following the end of the Plan of Care.

	30 Day Eliminat	ion Period.	90 Day Elimi	nation Period.	90 Day Elimination Period.		
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$308	\$1,404	\$290	\$1,325	\$488	\$2,446	
55	\$416	\$1,596	\$392	\$1,506	\$661	\$2,757	
60	\$591	\$1,945	\$558	\$1,835	\$901	\$3,196	
65	\$848	\$2,356	\$800	\$2,223	\$1,245	\$3,755	
70	\$1,375	\$3,069	\$1,297	\$2,895	\$2,126	\$5,199	
75	\$2,145	\$3,967	\$2,024	\$3,742	\$3,478	\$7,001	
80	\$3,089	\$4,800	\$2,914	\$4,529	\$5,052	\$8,416	

JOHN HANCOCK LIFE INSURANCE COMPANY P-FACE(2004) This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs. ☐ 0 days ☐ 60 days TYPE ☐ 20 days ✓ 5 Yrs. 6 Yrs. ☐ 7 Yrs. Lifetime ✓ Calendar Day ☐ See company's notes, pp 112-130 □ 100 days ☐ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$100 minimum to \$300 maximum per [day, week or ☐ Guaranteed Purchase Option month] offered in increments of \$50. ☐ 5% Simple ☐ See company's notes, pp 112-✓ per day per week per month 130 ☐ See notes, pp 112-130 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% 75% **✓** 100% 90% 80% ☐ 75% 70% 60% □ 50% □ 70% ☐ See company's notes, pp 112-130

Waiver of Premium

☐ See company's notes, pp 112-130

While receiving benefits and after the satisfaction of the elimination period.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.		
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$366	\$947	\$305	\$764	Not Available	Not Available	
55	\$468	\$1,116	\$390	\$872	Not Available	Not Available	
60	\$602	\$1,465	\$498	\$1,135	Not Available	Not Available	
65	\$939	\$1,817	\$769	\$1,420	Not Available	Not Available	
70	\$1,610	\$2,878	\$1,320	\$2,266	Not Available	Not Available	
75	\$3,025	\$4,572	\$2,459	\$3,628	Not Available	Not Available	
80	\$5,683	\$7,429	\$4,546	\$5,943	Not Available	Not Available	

MEDAMERICA INSURANCE COMPANY

GRP11-341-MA-CA-601

Qualified.	onn is ioi Comp	orenensive Lo	ong-reim Care.	. This is a Grou	up type polic	y and is cla	issilieu as Tax
Maximum P	Policy Benefit	Amounts		Elimination F	Periods		
✓ 1 Yr. ✓ 5 Yrs. ☐ See compa	✓ 2 Yrs. ☐ 6 Yrs. ny's notes, pp 1	✓ 3 Yrs. ☐ 7 Yrs. 12-130	✓ 4 Yrs.✓ Lifetime	✓ 0 days✓ 20 days☐ 30 days	✓ 60 day✓ 90 day☐ 100 da	s 🗆	TYPE Calendar Day Service Day
Nursing Home Daily Benefit Amounts				Inflation Pro	tection		
\$50 minimum to \$ maximum per [day, week or month] offered in increments of \$10. ✓ per day ☐ per week ☐ per month ☐ See notes, pp 112-130 ☐ Not Available			1	✓ 5% Comp ✓ 5% Simple	e 🗸 S	☐ Guaranteed Purchase Option✓ See company's notes, pp 112- 130	
Home Care	Benefit Amou	unts		Residential (Care Facilit	ty Daily Be	nefit Amounts
Represents the Benefit Amou	ne percentage of nt.	the Nursing H	ome Daily	Represents the Benefit Amoun		of the Nursin	g Home Daily
✓ 100% ☐ 70% ☐ See compa	☐ 90% ☐ 60% Iny's notes, pp 1	□ 80% □ 50% 12-130	□ 75%	✓ 100% □ 70%	☐ 90% ☐ See com	☐ 80% pany's notes	☐ 75% , pp 112-130
Waiver of P	remium						

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

20* Day Elimination Period.			90 Day Elimi	nation Period.	90 Day Elimination Period.		
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$243	\$711	\$221	\$648	\$402	\$1,132	
55	\$360	\$900	\$328	\$820	\$582	\$1,435	
60	\$540	\$1,179	\$492	\$1,074	\$861	\$1,853	
65	\$828	\$1,566	\$754	\$1,427	\$1,296	\$2,435	
70	\$1,251	\$2,079	\$1,140	\$1,894	\$1,943	\$3,214	
75	\$1,881	\$2,754	\$1,714	\$2,509	\$2,911	\$4,231	
80	\$2,862	\$3,726	\$2,608	\$3,395	\$4,428	\$5,724	

METROPOLITAN LIFE INSURANCE COMPANY

GPNP99-LTC-CA01/GC.LTC899C-CA01-C

Qualified.								
Maximum I	Policy Benefi	t Amounts		Elimination	Periods			
☐ 1 Yr.	☐ 2 Yrs.	✓ 3 Yrs.	✓ 4 Yrs.	\square 0 days	☐ 60 day	/S	TYPE	
✓ 5 Yrs.	✓ 6 Yrs.	✓ 7 Yrs.	✓ Lifetime	☐ 20 days	✓ 90 day	/S 🗸	Calendar Day	
☐ See compa	any's notes, pp	112-130		✓ 30 days	☐ 100 da	ays 🗆	Service Day	
Nursing Ho	me Daily Ber	nefit Amount	S	Inflation Pr	otection			
\$75 minimum to \$300 maximum per [day, week or month offered in increments of \$10.			week or month]	✓ 5% Compound ✓ Guaranteed Pure			urchase Option	
✓ per day	☐ per week	☐ per mon	th	<u>-</u>			ompany's notes, pp 112-	
✓ See notes,	pp 112-130	☐ Not Avai	lable		·	130		
Home Care	e Benefit Am	ounts		Residential	Care Facili	ty Daily Be	nefit Amounts	
Represents t Benefit Amou	he percentage ount.	of the Nursing	Home Daily	Represents the percentage of the Nursing Home Daily Benefit Amount.				
✓ 100%	✓ 90%	✓ 80%	✓ 75%	1 00%	✓ 90%	✓ 80%	✓ 75%	
✓ 70%	✓ 60%	✓ 50%		✓ 70%	✓ See com	npany's notes	, pp 112-130	
✓ See comp	any's notes, pp	112-130						

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax

Waiver of Premium

Premium payments are waived the first of the month coincident with or following the date the waiting period is fulfilled and the insured is chronically ill. Premium payments would resume on the first of the month after the insured is no longer eligible for benefits.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	nation Period.	90 Day Elimination Period.		
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$448	\$1,116	\$436	\$1,082	\$678	\$1,726	
55	\$665	\$1,463	\$648	\$1,419	\$980	\$2,189	
60	\$992	\$1,928	\$966	\$1,869	\$1,416	\$2,785	
65	\$1,522	\$2,599	\$1,483	\$2,520	\$2,097	\$3,620	
70	\$2,335	\$3,557	\$2,274	\$3,448	\$3,214	\$4,956	
75	\$3,609	\$4,959	\$3,513	\$4,804	\$4,931	\$6,878	
80	\$5,689	\$7,129	\$5,533	\$6,898	\$7,693	\$9,810	

METROPOLITAN LIFE INSURANCE COMPANY

GPNP99-LTC-CA01/GC.LTC899C-CA01-S

Qualified.								
Maximum	Policy Benefi	it Amounts		Elimination	Periods			
☐ 1 Yr.	☐ 2 Yrs.	✓ 3 Yrs.	✓ 4 Yrs.	☐ 0 days	☐ 60 da	ys [TYPE	
✓ 5 Yrs.	✓ 6 Yrs.	✓ 7 Yrs.	✓ Lifetime	☐ 20 days	⊻ 90 da	ys [☐ Calendar Day	
☐ See comp	any's notes, pp	112-130		✓ 30 days	☐ 100 d	ays 🕟	Service Day	
Nursing Ho	me Daily Bei	nefit Amount	S	Inflation Pr	otection			
\$75 minimum to \$300 maximum per [day, week or month offered in increments of \$10.			week or month]	✓ 5% Compound ✓ Guaranteed Pure ✓ 100 September 2015 ✓ 100 September 2015 ✓			Purchase Option	า
✓ per day	☐ per week	☐ per mon	th	·		•	y's notes, pp 11	2-
✓ See notes	, pp 112-130	☐ Not Avai	lable			130		
Home Car	e Benefit Am	ounts		Residential	Care Facil	lity Daily Be	enefit Amount	S
Represents Benefit Amo	the percentage unt.	of the Nursing	Home Daily	Represents the percentage of the Nursing Home Daily Benefit Amount.				
✓ 100%	✓ 90%	✓ 80%	✓ 75%	✓ 100%	✓ 90%	✓ 80%	✓ 75%	
✓ 70%	✓ 60%	✓ 50%		✓ 70%	✓ See cor	mpany's note:	s, pp 112-130	
✓ See comp	anv's notes, pp	112-130						

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax

Waiver of Premium

Premium payments are waived the first of the month coincident with or following the date the waiting period is fulfilled and the insured is chronically ill. Premium payments would resume on the first of the month after the insured is no longer eligible for benefits.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.		
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$436	\$1,082	\$389	\$975	\$606	\$1,558	
55	\$648	\$1,419	\$578	\$1,278	\$875	\$1,975	
60	\$966	\$1,869	\$863	\$1,683	\$1,264	\$2,512	
65	\$1,483	\$2,520	\$1,323	\$2,268	\$1,871	\$3,262	
70	\$2,274	\$3,448	\$2,028	\$3,098	\$2,864	\$4,459	
75	\$3,513	\$4,804	\$3,127	\$4,308	\$4,388	\$6,175	
80	\$5,533	\$6,898	\$4,906	\$6,159	\$6,821	\$8,769	

THE PRUDENTIAL INSURANCE COMPANY OF AM

83500 BFW 5005

This policy for Qualified.	orm is for Comp	orehensive Lo	ong-Term Care.	. This is a Grou	ıp type	policy and is	classifi	ed as Tax
Maximum F	Policy Benefit A	Amounts		Elimination F	Periods			
☐ 1 Yr.✓ 5 Yrs.✓ See compa	✓ 2 Yrs. ☐ 6 Yrs. uny's notes, pp 11	✓ 3 Yrs. ☐ 7 Yrs. 12-130	✓ 4 Yrs.✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	✓ 90) days) days)0 days	✓ Cal	<u>PE</u> endar Day vice Day
Nursing Home Daily Benefit Amounts				Inflation Prot	tection			
\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10. ✓ per day □ per week ✓ per month □ See notes, pp 112-130 □ Not Available			1	✓ 5% Compound✓ 5% Simple		✓ Guaranteed Purchase Option✓ See company's notes, pp 112- 130		
	Benefit Amou		ible	Residential C	Care Fa	acility Daily	Benefi	t Amounts
Represents the Benefit Amou	ne percentage of nt.	the Nursing H	ome Daily	Represents the Benefit Amount	•	tage of the Nu	rsing Ho	me Daily
✓ 100%☐ 70%☐ See compa	☐ 90% ☐ 60% any's notes, pp 1	□ 80% ☑ 50% 12-130	□ 75%	✓ 100% □ 70%	□ 90% □ See	company's no		□ 75% 112-130
Waiver of P	remium							
Premiums are	e waived beginnir	ng the first day	of the month aft	er benefits are pa	aid.			

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimir	90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$246	\$794	\$218	\$702	\$350	\$1,125	
55	\$360	\$1,039	\$319	\$919	\$511	\$1,473	
60	\$527	\$1,360	\$466	\$1,203	\$747	\$1,928	
65	\$794	\$1,626	\$702	\$1,439	\$1,125	\$2,306	
70	\$1,193	\$2,161	\$1,056	\$1,912	\$1,692	\$3,064	
75	\$2,007	\$3,185	\$1,776	\$2,819	\$2,846	\$4,517	
80	\$3,408	\$4,859	\$3,016	\$4,300	\$4,833	\$6,890	

UNUM LIFE INSURANCE COMPANY OF AMERICA

TQGLTC95 ER COMP

Qualified.	orm is for Comp	orenensive LC	ng-reim Care.	This is a Grou	p type policy a	nd is classified as Tax		
Maximum P	Policy Benefit A	Amounts		Elimination Periods				
☐ 1 Yr. ☐ 5 Yrs. ☐ See compa	✓ 2 Yrs.✓ 6 Yrs.Iny's notes, pp 1²	✓ 3 Yrs. ☐ 7 Yrs. 12-130	☐ 4 Yrs. ✓ Lifetime	☐ 0 days ☐ 20 days ☑ 30 days	✓ 60 days✓ 90 days☐ 100 days	TYPE ☐ Calendar Day ☑ Service Day		
Nursing Hon	ne Daily Bene	fit Amounts		Inflation Protection				
\$1500 minimum to \$6000 maximum per [day, week or month] offered in increments of \$100. ☐ per day ☐ per week ☑ per month ☐ See notes, pp 112-130 ☐ Not Available				 ✓ 5% Compound ✓ Guaranteed Purchase Option ✓ 5% Simple ✓ See company's notes, pp 1 130 				
Home Care	Benefit Amou	unts		Residential C	Care Facility D	Paily Benefit Amounts		
Represents the Benefit Amou	ne percentage of nt.	the Nursing H	ome Daily	Represents the percentage of the Nursing Home Daily Benefit Amount.				
✓ 100%☐ 70%☐ See compa	☐ 90% ☐ 60% Iny's notes, pp 1	□ 80% ☑ 50% 12-130	⊻ 75%	✓ 100% □ 70%	_	□ 80% □ 75% y's notes, pp 112-130		
Waiver of P	remium							
After satisfact	ion of the Elimina	ation Period ar	nd receiving bene	efits, premium wil	I be waived.			

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$263	\$626	\$230	\$558	\$439	\$1,022
55	\$335	\$724	\$299	\$644	\$544	\$1,148
60	\$446	\$875	\$396	\$774	\$716	\$1,364
65	\$688	\$1,228	\$608	\$1,087	\$1,069	\$1,868
70	\$1,112	\$1,786	\$986	\$1,584	\$1,721	\$2,707
75	\$1,987	\$2,909	\$1,760	\$2,578	\$2,999	\$4,324
80	\$3,110	\$4,216	\$2,758	\$3,737	\$4,648	\$6,224

MEDAMERICA INSURANCE COMPANY

NGR11-341-MA-CA-601

Tax Qualifie	d.							
Maximum F	Policy Benefit	Amounts		Elimination F	Periods			
☐ 1 Yr.✓ 5 Yrs.☐ See compa	✓ 2 Yrs. ☐ 6 Yrs. any's notes, pp 1	✓ 3 Yrs. ☐ 7 Yrs. 12-130	✓ 4 Yrs. ✓ Lifetime	✓ 0 days ✓ 20 days □ 30 days	✓ 60✓ 90✓ 100	,	☐ Cal	<u>PE</u> endar Day vice Day
Nursing Hor	me Daily Bene	efit Amounts		Inflation Protection				
	n to \$ maximum prements of \$10.	er [day, week		✓ 5% Compo		☐ Guarante ✓ See comp		•
\square See notes,	pp 112-130	☐ Not Availa	able			130		
Home Care	e Benefit Amou	unts		Residential (Care Fa	cility Daily	Benefi	t Amounts
Represents the Benefit Amou	he percentage of unt.	the Nursing H	lome Daily	Represents the Benefit Amount		ige of the Nu	ırsing Ho	me Daily
✓ 100% ☐ 70% ☐ See compa	☐ 90% ☐ 60% any's notes, pp 1	□ 80% □ 50% 12-130	□ 75%	⊻ 100% □ 70%	☐ 90% ☐ See o	☐ 80 company's n	0% otes, pp	□ 75% 112-130
Waiver of F	Premium							
Premiums w	ill be waived on a	a monthly basis	s starting: on the	e 1st day the Com	pany will	pay for bene	efits in a	nursing

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Non-

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

facility, assisted living facility or hospice program; or on the 91st day the company will pay for benefits for home health

20* Day Elimination Period.			90 Day Elimi	nation Period.	90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$297	\$855	\$271	\$779	\$476	\$1,353
55	\$432	\$1,089	\$394	\$992	\$689	\$1,706
60	\$639	\$1,413	\$582	\$1,287	\$1,017	\$2,189
65	\$963	\$2,232	\$877	\$1,673	\$1,501	\$2,829
70	\$1,431	\$2,394	\$1,304	\$2,181	\$2,206	\$3,674
75	\$2,106	\$3,105	\$1,919	\$2,829	\$3,223	\$4,731
80	\$3,114	\$4,077	\$2,837	\$3,715	\$4,797	\$6,224

Refer to Section 3 for information on premium increases, if any, since 1990 for this company.

care or adult day care.